

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000008329

1. Entity Name

SOUTH FLORIDA ANESTHESIA CONSULTANTS, P.A.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90318 011 ***150.00

Principal Place of Business

Mailing Address

7174 SW 47TH STREET
MIAMI FL 33155
US

P.O. BOX 144070
CORAL GABLES FL 33114-4070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0419919

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

J
MURCIANO, ENRIQUE
361 LOS PINOS PLACE
CORAL GABLES FL 33143

Mistake in spelling

Name

ENRIQUE MURCIANO

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ANNIS, PAUL	
STREET ADDRESS	2333 BRICKELL AVE, D-1	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EDWARDS, JAMES H	
STREET ADDRESS	2333 BRICKELL AVE, #D1	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOYAJAIN, GEOFFREY J	
STREET ADDRESS	2333 BRICKELL AVE, D1	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MURCIANO, ENRIQUE	
STREET ADDRESS	2333 BRICKELL AVE #D1	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANNIS, PAUL	
STREET ADDRESS	7174 SW 47th Street	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7174 SW 47th St	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	" " " "	
STREET ADDRESS	" " " "	
CITY-ST-ZIP	" " " "	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00

305-4662-2725

CR2E034 (9/99)